

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p style="text-align: center; font-size: 1.2em;">CARL HAWK</p> <hr/> <p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p style="text-align: center; font-size: 1.2em;">CARL HAWK</p> <hr/> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If different, enter delivery address below</p>
<p>1 Article Addressed to 11-18-02</p> <p style="margin-top: 20px;">* 01-348</p> <p>Scott R. Flick Shaw Pittman LLP 2300 N Street, N.W Washington, DC 20037</p>	<div style="border: 2px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 20px auto; text-align: center; line-height: 150px; font-size: 1.5em; font-weight: bold;">NOV 25 2002</div> <hr/> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <hr/> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2 Article Number (Copy from service label)</p> <p style="font-size: 1.5em; font-family: cursive;">0023 0771 3143</p>	